

NHPEC 11/09/2016 PM 1:13

Who is submitting this request?

Aggregator

Aggregator Batch Number

KN0315

Aggregator name

Knollwood Energy

Aggregator Email

linda@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Linda Churchman

Owner Prefix

Ms.

Facility Owner email

LindaMChurchman@outlook.com

Owner Phone

603-489-2392

Facility Address

4 Atkinson Farm Rd

Facility Town/City

Atkinson

Facility State

NH

Facility Zip

03811

Is the facility address the same as the owner's mailing address

- ☒ Yes  
☐ No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact (who should we call with questions)

Contact Phone

Other Email Address

Facility Information

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Class

Utility

Other Utility Name

Date of Utility Signoff

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

57145

Facility Operator Name, if applicable

Panel Quantity

50

Panel Make

SunEdison

Panel Model

F270

Panel Rated Output

270

System capacity based on panels

13.5000

Inverter Quantity

50

Inverter Make

Enphase Energy

Additional Inverter

Rated Output

215

System capacity based on inverters

10.75

System capacity in mW as stated on the interconnection agreement

10.75

Revenue Grade Meter Make

AEE Solar

Was this facility installed directly by the customer (no electrician involved)?

- ☐ Yes  
☒ No

Date of Electrician Signoff

Sign-off Electrician's License Number

12245M

Installation Company

SunRay Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name

Paul Button

Monitor Company Name

Energy Audits Unlimited

Monitor Company Name

Monitor Company Name

Monitor Company Name

Other Monitor Company Name

Is the installer also the equipment vendor?

- ☐ Yes  
☒ No

Equipment Vendor

SunEdison

Please attach your completed interconnection agreement including Exhibit B.

[https://fs30.formsite.com/jan1947/files/f-5-99-5797685\\_on3l5Qnu\\_Churchman\\_SPIA.pdf](https://fs30.formsite.com/jan1947/files/f-5-99-5797685_on3l5Qnu_Churchman_SPIA.pdf)

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

[https://fs30.formsite.com/jan1947/files/f-5-168-5797685\\_7QjClv95\\_Churchman\\_NHOS.pdf](https://fs30.formsite.com/jan1947/files/f-5-168-5797685_7QjClv95_Churchman_NHOS.pdf)

Please attach additional document here

[https://fs30.formsite.com/jan1947/files/f-5-173-5797685\\_7KJoCpnY\\_Churchman\\_COC.pdf](https://fs30.formsite.com/jan1947/files/f-5-173-5797685_7KJoCpnY_Churchman_COC.pdf)

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Linda Modica

Date Signed

01/02/2016

310 #482

UNITIL ENERGY SYSTEMS, INC.  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA (Continued)

**Simplified Process Interconnection Application and Service Agreement**

Contact Information:

Date Prepared: 05-01-2015

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer Name (print): Linda Churchman Contact Person, if Company: \_\_\_\_\_

Mailing Address: 4 Atkinson Farm Road

City: Atkinson State: NH Zip Code: 03811

Telephone (Daytime): 603-489-2392 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: lindamchurchman@outlook.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate)

Name: SunRay Solar, LLC

Mailing Address: 124A Hall Street

City: Concord State: NH Zip Code: 03301

Telephone (Daytime): 603-225-6001 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: rick@spreadthesunshine.com

Electrical Contractor Contact Information (if appropriate):

Name: SunRay Solar, LLC Telephone: 603-225-6001

Mailing Address: 124A Hall Street

City: Concord State: NH Zip Code: 03301

Facility Information:

Address of Facility: 4 Atkinson Farm Road

City: Atkinson State: NH Zip Code: 03811

Electric Service Company: Unitil Account Number: 2200085-2033376 Meter Number: 141182 ✓

Inverter Manufacturer: Enphase Model Name and Number: M215 Quantity: 50

Nameplate Rating: 215 (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts) Single ☒ or Three \_\_\_\_\_ Phase

System Design Capacity: 10.75 (kVA) \_\_\_\_\_ (kVA)

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No \_\_\_\_\_

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other \_\_\_\_\_

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other \_\_\_\_\_

UL 1741.1 (IEEE 1547.1) Listed? Yes ☒ No \_\_\_\_\_

Estimated Install Date: May 2015 Estimated In-Service Date: June 2105

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: Linda Churchman Title: \_\_\_\_\_ Date: 5/5/15

**Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.**

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes \_\_\_\_\_ No ☒ To be Determined \_\_\_\_\_):

✓ Company Signature: [Signature] Title: Manager Date: June 11, 2015

Company waives inspection/Witness Test? Yes \_\_\_\_\_ No \_\_\_\_\_



UNITIL ENERGY SYSTEMS, INC.  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA (Continued)

**Exhibit B - Certificate of Completion for Simplified Process Interconnections**

Installation Information:

☐ Check if owner-installed

Customer(print): Linda and Joseph Churchman  
Mailing Address: 4 Atkinson Farm Road  
City: Atkinson State: NH Zip Code: 03811  
Telephone (Daytime): 603-489-2392 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: lindamchurchman@outlook.com

Address of Facility (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Electrical Contractor's Name (if appropriate): SunRay Solar, LLC  
Mailing Address: 124A Hall Street  
City: Concord State: NH Zip Code: 03301  
Telephone (Daytime): 603-225-6001 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
License number: 12245M

Date of approval to install Facility granted by the Company: \_\_\_\_\_

Application ID number: \_\_\_\_\_

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Atkinson / Rockingham  
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): \_\_\_\_\_

Name (printed): Shane McKeen

Date: 5-27-15

As a condition of interconnection you are required to send/fax a copy of this form to:

**Generator Interconnection Applications**  
Unitil  
325 West Road  
Portsmouth, NH 03801  
Fax: 603-294-5226



## New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

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The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Linda Churchman

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Printed Name of signature owner

*Linda Churchman*  
Linda Churchman (Oct 5, 2015)

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Signature of system owner